## CONSOLIDATED FINANCIAL STATEMENTS AND SUPPLEMENTARY INFORMATION

MidState Medical Center and Subsidiaries Years Ended September 30, 2014 and 2013 With Report of Independent Auditors

Ernst & Young LLP





# Consolidated Financial Statements and Supplementary Information

Years Ended September 30, 2014 and 2013

### **Contents**

Report of Independent Auditors	1
Consolidated Financial Statements	
Consolidated Balance Sheets	3
Consolidated Statements of Operations and Changes in Net Assets	4
Consolidated Statements of Cash Flows	6
Notes to Consolidated Financial Statements	7
Supplementary Information	
Consolidating Balance Sheet	39
Consolidating Statement of Operations	40



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### Report of Independent Auditors

The Board of Directors Hartford HealthCare Corporation

We have audited the accompanying consolidated financial statements of MidState Medical Center and Subsidiaries (the Hospital), which comprise the consolidated balance sheets as of September 30, 2014 and 2013, and the related consolidated statements of operations and changes in net assets and cash flows for the years then ended, and the related notes to the consolidated financial statements.

### Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in conformity with U.S. generally accepted accounting principles; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free of material misstatement, whether due to fraud or error.

#### **Auditor's Responsibility**

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.



### **Opinion**

In our opinion, the financial statements referred to above present fairly, in all material respects, the consolidated financial position of MidState Medical Center and Subsidiaries at September 30, 2014 and 2013, and the consolidated results of their operations and changes in net assets and their cash flows for the years then ended in conformity with U.S. generally accepted accounting principles.

### **Supplementary Information**

Our audits were performed for the purpose of forming an opinion on the consolidated financial statements as a whole. The accompanying consolidating balance sheet and consolidating statement of operations are presented for the purposes of additional analysis and are not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

Ernst + Young LLP

January 28, 2015

## Consolidated Balance Sheets

	September 30			30
		2014		2013
Assets				
Current assets:				
Cash and cash equivalents	\$	45,862,697	\$	28,465,876
Accounts receivable, less allowances for doubtful				
accounts of approximately \$9,280,000 in 2014				
and \$7,603,000 in 2013		23,724,146		27,767,137
Other receivables		5,479,797		7,456,493
Estimated third-party payor settlements		_		1,517,735
Due from affiliates		387,409		2,663,150
Inventories of supplies		3,431,508		2,719,853
Prepaid expenses and other assets		2,297,359		4,945,131
Total current assets		81,182,916		75,535,375
Assets whose use is limited:				
Board-designated interest in investments held by Endowment LLC		14,990,533		14,298,760
Donor-restricted interest in investments held by Endowment LLC		1,595,793		1,556,913
Funds designated for debt service		6,307,694		6,312,325
		22,894,020		22,167,998
Funds held in trust by others		14,799,538		13,953,158
Unrestricted interest in investments held by Endowment LLC		25,536,947		22,963,954
Other assets		17,070,990		15,996,488
Property, plant, and equipment, net		115,960,579		122,489,757
Total assets	\$	277,444,990	\$	273,106,730
Liabilities and net assets				
Current liabilities:				
Accounts payable	\$	2,784,488	\$	6,531,598
Salaries, wages, payroll taxes, and amounts withheld from employees		7,004,880		9,070,645
Accrued expenses		362,657		367,711
Estimated third-party payor settlements		4,070,103		_
Due to affiliates		3,582,982		1,445,398
Current portion of accrued pension liabilities		3,686,074		6,336,706
Current portion of long-term debt		757,808		669,578
Current portion of other liabilities		4,708,523		6,574,920
Total current liabilities		26,957,515		30,996,556
Long-term debt		86,762,098		87,806,192
Accrued pension liability		34,688,717		18,941,059
Other liabilities		22,023,821		22,700,592
Total liabilities		170,432,151		160,444,399
Net assets:				
Unrestricted		89,335,239		95,882,676
Temporarily restricted		2,099,252		2,047,687
Permanently restricted		15,578,348		14,731,968
Total net assets		107,012,839		112,662,331
Total liabilities and net assets	\$	277,444,990	\$	273,106,730
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See accompanying notes.

## Consolidated Statements of Operations and Changes in Net Assets

	Year Ended September 30		
	2014	2013	
Unrestricted revenues, gains, and other support:			
Net patient service revenue	\$ 225,517,469	\$ 220,011,595	
Provision for bad debts	6,385,283	2,265,391	
Net patient service revenue less provision for bad debts	219,132,186	217,746,204	
Other operating revenue	15,841,929	18,894,548	
Net assets released from restrictions for operations	322,248	245,321	
	235,296,363	236,886,073	
Operating expenses:			
Salaries and wages	69,745,355	76,115,980	
Employee benefits	19,652,817	22,947,534	
Supplies and other	42,947,866	43,513,564	
Purchased services	67,199,942	61,587,299	
Depreciation and amortization	13,076,585	13,310,897	
Provision for non-patient bad debts	_	1,449,935	
Interest	3,992,280	3,987,276	
	216,614,845	222,912,485	
	10 (01 =10	12.052.500	
Income from operations	18,681,518	13,973,588	
Nonoperating income (loss):			
Income from investments, net	3,871,174	3,641,774	
(Loss) gain on interest rate swap	(723,879)	586,303	
	3,147,295	4,228,077	
Excess of revenues over expenses	21,828,813	18,201,665	

Continued on next page.

## Consolidated Statements of Operations and Changes in Net Assets (continued)

	Year Ended Septembe 2014 201		
Unrestricted net assets:			
Excess of revenues over expenses (continued)	\$ 21,828,813	\$ 18,201,665	
Net assets released from restrictions for purchase of			
property and equipment	270,681	163,712	
Change in pension funding obligation	(20,941,673)	31,062,816	
Transfer to affiliates	(8,455,258)	(27,888,900)	
Transfer to permanently restricted net assets	_	(311)	
Other	750,000	(2,386)	
Increase in unrestricted net assets	(6,547,437)	21,536,596	
Temporarily restricted net assets:			
Restricted contributions	458,844	423,136	
Restricted investment income	92,294	85,487	
Return on investments held by Endowment LLC	93,356	32,054	
Change in unrealized gains and losses on investments	_	(1,109,094)	
Realized gains on investments	_	746,050	
Net assets released from restrictions for operations	(322,248)	(245,321)	
Net assets released from restrictions for purchase of			
property and equipment	(270,681)	(163,712)	
Increase (decrease) in temporarily restricted net assets	51,565	(231,400)	
Permanently restricted net assets:			
Transfer from unrestricted net assets	_	311	
Change in unrealized gains and losses on funds held in	046 200	720.066	
trust by others	846,380	729,866	
Increase in permanently restricted net assets	846,380	730,177	
Increase in net assets	(5,649,492)	22,035,373	
Net assets at beginning of year	112,662,331	90,626,958	
Net assets at end of year	\$ 107,012,839	\$ 112,662,331	

See accompanying notes.

## Consolidated Statements of Cash Flows

	Year Ended September 3 2014 2013		
Cash flows from operating activities	2011	2010	
Increase in net assets	\$ (5,649,492)	\$ 22.035.373	
Adjustments to reconcile change in net assets to net cash	Ψ ( <b>Θ</b> , <b>Θ</b> •> <b>,</b> •> <b>–</b> )	+, , - , -	
provided by operating activities:			
Noncash items:			
Depreciation and amortization	13,076,585	13,310,897	
Change in unrealized gains and losses on investments	_	2,404,667	
Change in investments held by Endowment LLC	(3,358,122)		
Change in unrealized gains and losses on funds	(0,000,122)	(2,210,200)	
held in trust by others	(846,380)	(729,866)	
Change in Funds Designated for debt service	4,631	(12),000)	
Provision for patient bad debts	6,385,283	2,265,391	
Provision for non-patient bad debts	-	1,449,935	
Transfer to affiliates	8,455,258	27,888,900	
Change in pension funding obligation	20,941,673	(31,062,816)	
Change in fair value of interest rate swap	(452,879)	(1,814,786)	
Other changes in net assets:	(10=,017)	(-,1,)	
Restricted contributions and investment income	(551,138)	(508,623)	
Changes in operating assets and liabilities, net (Note 13)	, , ,	(6,960,958)	
Net cash provided by operating activities	32,671,997	26,067,834	
Cash flows from investing activities			
Purchases of property, plant, and equipment, net	(6,469,668)	(8,319,257)	
Purchases of unrestricted interest in investments held by			
Endowment LLC	_	(21,426,224)	
Decrease (increase) in assets whose use is limited, net	54,476	(2,472,020)	
Net cash used in investing activities	(6,415,192)		
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Cash flows from financing activities			
Payments on long-term debt, net of premium amortization	(955,864)		
Transfer to affiliates	(8,455,258)	(13,610,375)	
Restricted contributions and investment income	551,138	508,623	
Net cash used in financing activities	(8,859,984)	(13,357,297)	
Increase (decrease) in cash and cash equivalents	17,396,821	(19,506,964)	
Cash and cash equivalents at beginning of year	28,465,876	47,972,840	
Cash and cash equivalents at end of year	\$ 45,862,697	\$ 28,465,876	

See accompanying notes.

### Notes to Consolidated Financial Statements

September 30, 2014

### 1. Significant Accounting Policies

The accounting policies that affect significant elements of the MidState Medical Center and Subsidiaries' (collectively referred to as the Hospital), consolidated financial statements are summarized below and in Note 2.

#### **Organization**

The Hospital is a nonprofit organization incorporated under the General Statutes of the State of Connecticut. Hartford HealthCare Corporation (HHC) is the sole member of the Hospital. The Board of HHC elects the Board of Directors and officers of the Hospital who manage its property and affairs.

In fiscal year 1999, the Hospital acquired an 80% interest in Meriden Imaging Center (the Center) and began consolidating its financial statements.

Effective February 14, 2006, MidState MSO, LLC (a wholly-owned subsidiary of the Hospital) was created to provide management services and support for medical practices. MidState MSO, LLC ceased operations effective December 31, 2012. These services are now performed by Hartford HealthCare Medical Group effective January 1, 2013.

The accompanying consolidated financial statements include the MidState Medical Center and MidState MSO, LLC. All material intercompany accounts and transactions have been eliminated in the accompanying consolidated financial statements.

#### Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles (GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements. Estimates also affect the reported amounts of revenues and expenses during the reporting period. There is at least a reasonable possibility that certain estimates will change by material amounts in the near term. Actual results could differ from those estimates.

### **Regulatory Matters**

The Hospital is required to file annual operating information with the State of Connecticut Office of Health Care Access.

### Notes to Consolidated Financial Statements (continued)

### 1. Significant Accounting Policies (continued)

#### **Fair Value of Financial Instruments**

The carrying value of financial instruments classified as current assets and current liabilities approximate fair value. The fair values of the Hospital's financial instruments are disclosed in Note 5.

### Cash and Cash Equivalents

Cash and cash equivalents include cash and certificates of deposit that are available to be converted to liquid assets within three months. Cash and cash equivalents are maintained with domestic financial institutions with deposits that exceed federally insured limits. It is the Hospital's policy to monitor the financial strength of these institutions.

#### **Patient Accounts Receivable**

Patient accounts receivable result from the health care services provided by the Hospital. Additions to the allowance for doubtful accounts result from the provision for bad debts. Accounts written off as uncollectible are deducted from the allowance for doubtful accounts.

The amount of the allowance for doubtful accounts is based upon management's assessment of historical and expected net collections, business and economic conditions, trends in Medicare and Medicaid health care coverage and other collection indicators. See Note 2 for additional information relative to third-party payor programs.

The Hospital's primary concentration of credit risk is patient accounts receivable, which consist of amounts owed by various governmental agencies, insurance companies, and private patients. The Hospital manages the receivables by regularly reviewing its patient accounts and contracts and by providing appropriate allowances for uncollectible amounts. Significant concentrations of patient accounts receivable include 35% and 13%, and 32% and 12%, for Medicare and Medicaid, respectively, for the fiscal years ended September 30, 2014 and 2013, respectively.

Notes to Consolidated Financial Statements (continued)

### 1. Significant Accounting Policies (continued)

#### Interest in Investments Held by Hartford HealthCare Endowment LLC

Effective August 29, 2011, Hartford HealthCare Endowment LLC (Endowment LLC) was created to maintain and manage, on a pooled basis, the endowment funds of the Hospital; Windham Community Memorial Hospital, Inc.; Harford Hospital; The Hospital of Central Connecticut at New Britain General and Bradley Memorial; HHC; and Hartford HealthCare at Home, Inc. Endowment LLC, a wholly owned subsidiary of HHC, acts as manager, and is named fiduciary for HHC within established investment guidelines. As of April 1, 2013, \$36,609,346 of the Hospital's investments were sold to Endowment LLC, at which time all previously unrealized gains and losses on the sold investments were realized. As of September 30, 2014 and 2013, the Hospital has an interest in investments held by Endowment LLC, which is reflected in the accompanying consolidated balance sheets and represents the Hospital's pro rata share of Endowment LLC.

The Hospital reports its share of the increase or decrease in Endowment LLC as income or loss from investments in the excess of revenues over expenses, unless the income or loss is restricted by donor or law. Investments held by Endowment LLC in equity securities with readily determinable fair values and all investments in debt securities are measured at fair value using quoted market prices or model-driven valuations at the consolidated balance sheet date. Alternative investments (nontraditional, not-readily-marketable assets), some of which are structured such that Endowment LLC holds limited partnership interests, are reported based upon net asset value (NAV) and derived from the application of the equity method of accounting. Individual investment holdings within the alternative investments may, in turn, include investments in both nonmarketable and market-traded securities. Valuations of these investments and, therefore, Endowment LLC's holdings may be determined by the investment manager or general partner and for "fund of funds" investments are primarily based on financial data supplied by the underlying investee funds. Values may be based on historical cost, appraisals, or other estimates that require varying degrees of judgment. Endowment LLC accounts for these investments using the equity method of accounting and reports its share of the increase or decrease in the funds' value as investment gain or loss. The financial statements of the investees are audited annually by independent auditors, although the timing for reporting the results of such audits does not coincide with Endowment LLC's annual consolidated financial statement reporting.

Notes to Consolidated Financial Statements (continued)

### 1. Significant Accounting Policies (continued)

#### **Investments**

Prior to April 1, 2013, the Hospital's investment portfolio was classified as trading, with unrealized gains and losses included in the excess of revenues over expenses. Investments in equity securities with readily determinable fair values and all investments in debt securities are measured at fair value using quoted market prices or model-driven valuations at the balance sheet date. Assets temporarily and permanently restricted (by donor) are recorded at fair value at the date of donation, which is then considered cost. Investment income (including realized gains and losses on investments, interest and dividends, and the change in unrealized gains and losses) is included in nonoperating income unless the income or loss is restricted by the donor or law. The cost of securities sold is based on the specific identification method.

### **Inventories of Supplies**

Inventories are stated at the lower of cost or market. The Hospital values its inventories using the first-in, first-out method.

### Property, Plant, and Equipment

Property, plant, and equipment are stated on the basis of cost. The Hospital provides for depreciation of property, plant and equipment and assets under capital leases using the straight-line method in amounts sufficient to depreciate the cost of the assets over their estimated useful lives, which range from 3 to 40 years.

#### **Assets Whose Use is Limited**

Assets whose use is limited includes assets that are set aside internally by management or by the Board of Directors for future capital improvements, research, donor-restricted assets, education, escrow funds, and debt service funds for existing obligations on outstanding long-term debt. Amounts that are restricted by the Board of Directors are not available for use without the approval of the Board of Directors. Restricted investment income in excess of a predetermined spending limit has also been set aside as long-term investments.

Notes to Consolidated Financial Statements (continued)

### 1. Significant Accounting Policies (continued)

### **Temporarily and Permanently Restricted Net Assets**

Temporarily restricted net assets are those assets whose use by the Hospital has been limited by donors to a specific time frame or purpose. Permanently restricted net assets have been restricted by donors and are maintained by the Hospital in perpetuity. The Hospital is a partial beneficiary to various perpetual trust agreements. Assets recorded under these agreements are recognized at fair value. The investment income generated from these trusts is expendable to support healthcare services, and the assets are classified as permanently restricted.

Contributions, including unconditional promises to give, are recognized as revenue in the period received. Conditional promises to give are not recognized until the conditions on which they depend are substantially met. Unrestricted contributions are recorded, net of expenses, within other operating revenue.

#### **Donor-Restricted Gifts**

Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received. The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the consolidated statements of operations and changes in net assets as net assets released from restrictions. Donor-restricted contributions whose restrictions are met within the same year as received are recorded as unrestricted contributions in the accompanying consolidated financial statements, except those relating to donations of long-lived assets.

#### **Bond Issuance Costs**

Bond issuance costs associated with long-term debt for capital projects are amortized over the term of the debt using a method that approximates the effective interest method. Bond issuance costs of \$1,586,562 and \$1,664,301 are recorded in other assets in the consolidated balance sheets as of September 30, 2014 and 2013, respectively.

### Notes to Consolidated Financial Statements (continued)

### 1. Significant Accounting Policies (continued)

### **Interest Rate Swap Agreements**

The Hospital utilizes an interest rate swap agreement to reduce risks associated with changes in interest rates. The Hospital does not hold or issue derivative financial instruments for trading purposes. The Hospital may be exposed to credit loss in the event of nonperformance by the counterparties to its interest rate swap agreement. The interest rate swap agreement is reported at fair value. Changes in fair value are recognized in the excess of revenues over expenses in the consolidated statements of operations and changes in net assets.

### **Other Operating Revenue**

Other operating revenue includes services to other institutions, electronic health record incentive program revenue, rental income, grant income, research income, and unrestricted contributions.

### **Nonoperating Income**

Nonoperating income includes income on investments, realized and unrealized gains and losses on trading investments and changes in the fair value of the swap agreement.

### **Excess of Revenues over Expenses**

The consolidated statements of operations and changes in net assets include the excess of revenues over expenses as the performance indicator. Changes in unrestricted net assets, which are excluded from excess revenues over expenses, include the changes in pension funding obligation, net assets released from restrictions for the purchase of property and equipment, and permanent transfers of assets to and from affiliates.

### Notes to Consolidated Financial Statements (continued)

### 1. Significant Accounting Policies (continued)

#### **Professional Liability Insurance**

Coverage for medical malpractice insurance is provided on a claims-made basis. The primary coverage is with Hartford Healthcare Indemnity Services, Limited (HHCISL) (previously known as CHS Insurance Limited or CHS), a captive insurance company that, effective October 1, 2012, became a wholly owned subsidiary of HHC. Prior to this the Hospital had a 25% ownership interest, which was repurchased by CHS and transferred to HHC. Prior to October 1, 2012, the Hospital's ownership was accounted for under the equity method and was included in other assets in the consolidated balance sheets. Prior to October 1, 2012, the Hospital's share of the investment activity of CHS was included in other operating revenue within the consolidated statement of operations and changes in net assets. As a result of the repurchase, the Hospital's equity investment of approximately \$13,893,500 was derecognized, and \$20,344,669 of unrestricted net assets were transferred to HHC during 2013 to recapitalize CHS. This is reflected in the consolidated statements of operations and changes in net assets within transfer to affiliates.

Effective October 1, 2013, the policy limits for the primary coverage were \$7,500,000 per claim and \$39,000,000 in the aggregate. The primary layer of the excess coverage of \$20,000,000 is shared with two insurance carriers. The secondary layer is \$20,000,000 with a single insurance carrier. The third and fourth layers are \$10,000,000 each with two other insurance carriers. The top layer is \$20,000,000 for a total excess coverage of \$80,000,000.

Malpractice claims are discounted at 1.72% and 2.08% and the incurred-but-not-reported liability was approximately \$2,856,000 and \$2,774,000 at September 30, 2014 and 2013, respectively. In addition, medical malpractice insurance recoveries and the related claim liabilities of approximately \$4,555,000 and \$6,453,000 as of September 30, 2014 and 2013, respectively, are included in other current assets and other current liabilities, and medical malpractice insurance recoveries and the related claim liabilities of approximately \$14,630,000 and \$14,969,000 as of September 30, 2014 and 2013, respectively, are included in other long-term assets and other long-term current liabilities.

Notes to Consolidated Financial Statements (continued)

### 1. Significant Accounting Policies (continued)

#### **Income Taxes**

The Hospital is a not-for-profit corporation as described in Section 501(c)(3) of the Internal Revenue Code (the Code) and is exempt from federal income taxes on related income pursuant to Section 501(a) of the Code. The Center is an S Corporation, a pass-through entity not subject to federal income taxes. MidState MSO was a single member limited liability company treated as part of its sole member for federal tax purposes.

### **Electronic Health Record Incentive Program**

The Centers for Medicare & Medicaid Services (CMS) have implemented provisions of the American Recovery and Reinvestment Act of 2009 that provide incentive payments for the meaningful use of certified electronic health record (EHR) technology. CMS has defined meaningful use as meeting certain objectives and clinical quality measures based on current and updated technology capabilities over predetermined reporting periods as established by CMS.

The Medicare EHR incentive program provides annual incentive payments to eligible professionals, hospitals, and critical access hospitals, as defined, that are meaningful users of certified EHR technology. The Medicaid EHR incentive program provides annual incentive payments to eligible professionals and hospitals for efforts to adopt, implement, and meaningfully use certified EHR technology. The Hospital uses a grant accounting model to recognize EHR incentive revenues. EHR incentive revenues are recognized ratably over the relevant cost report period to determine the amount of reimbursement. The Hospital recognized \$394,983 and \$2,003,248 of EHR revenues during the fiscal years ended September 30, 2014 and 2013, respectively. Correspondingly, the Medicare and Medicaid components, respectively, of EHR revenues are \$394,983 (Medicare), and \$1,605,290 (Medicare) and \$397,958 (Medicaid) for 2014 and 2013, respectively. EHR incentive revenues are included in other operating revenues in the accompanying consolidated statements of operations and changes in net assets.

The Hospital's attestation of compliance with the meaningful use criteria is subject to audit by the federal government or its designee. Additionally, Medicare EHR incentive payments received are subject to retrospective adjustment upon final settlement of the applicable cost report from which payments were calculated.

### Notes to Consolidated Financial Statements (continued)

### 1. Significant Accounting Policies (continued)

### **New Accounting Pronouncements**

In May 2014, the FASB issued ASU 2014-09, *Revenue from Contracts with Customers (Topic 606)*, which requires an entity to recognize revenue to depict the transfer of promised goods or services to customers in an amount that reflects the consideration to which the entity expects to be entitled in exchange for those goods or services. The adoption of ASU 2014-09 is required on October 1, 2017, and management is currently evaluating the effect of this guidance on its consolidated financial statements.

#### Reclassifications

Certain reclassifications, including current portion of professional liability claims and change in unrealized gains and losses on investments, have been made to the fiscal year ended September 30, 2013, balances previously reported in the consolidated balance sheet and statement of operations and changes in net assets in order to conform with the fiscal year ended September 30, 2014, presentation.

#### 2. Net Patient Service Revenue and Charity Care

Revenues from the Medicare and Medicaid programs, respectively, accounted for approximately 34% and 12%, and 33% and 12% of the Hospital's net patient service revenue for the fiscal years ended September 30, 2014 and 2013, respectively. Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by material amounts in the near term.

The Hospital believes that it is in compliance with all applicable laws and regulations and is not aware of any pending or threatened investigations involving allegations of potential wrongdoing. Compliance with such laws and regulations can be subject to future government review and interpretation as well as significant regulatory action, including fines, penalties, and exclusion from the Medicare and Medicaid programs. Changes in the Medicare and Medicaid programs and the reduction of funding levels could have an adverse impact on the Hospital.

### Notes to Consolidated Financial Statements (continued)

#### 2. Net Patient Service Revenue and Charity Care (continued)

The following table summarizes net revenue from services to patients:

	Year Ended September 30			
	2014	2013		
Gross revenues from patients:				
Inpatients	\$ 226,391,995	\$ 219,546,008		
Outpatients	317,037,529	285,501,650		
	543,429,524	505,047,658		
Deductions:				
Allowances and discounts	309,787,045	277,904,920		
Charity care	8,125,010	7,131,143		
Net patient service revenue	225,517,469	220,011,595		
Provision for bad debts	6,385,283	2,265,391		
Net patient service revenue less provision for bad debts	\$ 219,132,186	\$ 217,746,204		

The Hospital has agreements with third-party payors that provide for payments to the Hospital at amounts different from its established rates. The difference is accounted for as allowances. Payment arrangements include prospectively determined rates per discharge, reimbursed costs, fee-for-service, discounted charges, and per diem payments. Net patient service revenue is affected by the State of Connecticut Disproportionate Share program and is reported at the estimated net realizable amounts due from patients, third-party payors, and others for services rendered and includes estimated retroactive revenue adjustments due to future audits, reviews, and investigations. Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered, and such amounts are adjusted in future periods as adjustments become known or as years are no longer subject to such audits, reviews, and investigations. During 2014 and 2013, the Hospital recorded net changes in estimates of \$614,102 and \$1,774,811, respectively, which primarily related to better than previously estimated third-party payor settlements.

The Hospital has established estimates based on information presently available of amounts due to or from Medicare, Medicaid, and third-party payors for adjustments to current and prior year payment rates, based on industry-wide and Hospital-specific data. Such amounts are included in the accompanying consolidated balance sheets. Additionally, certain payors' payment rates for various years have been appealed by the Hospital. If the appeals are successful, additional income applicable to those years might be realized.

### Notes to Consolidated Financial Statements (continued)

### 2. Net Patient Service Revenue and Charity Care (continued)

The Hospital has agreements with various health maintenance organizations (HMOs) to provide medical services to subscribing participants. Under those agreements, the HMOs make fee-for-service payments to the Hospital for certain covered services based upon discounted fee schedules.

The Hospital accepts all patients regardless of their ability to pay. A patient is classified as a charity patient by reference to the established policies of the Hospital. Essentially, these policies define charity services as those services for which no payment is anticipated. In assessing a patient's inability to pay, the Hospital utilizes the generally recognized poverty income levels for the State of Connecticut but also includes certain cases where incurred charges are significant when compared to incomes.

The Hospital's policy is to reserve a portion of all self-pay receivables, including amounts due from the uninsured and amounts related to co-payments and deductibles, as these charges are recorded. The Hospital's allowance for doubtful accounts for self-pay patients increased to 54% of self-pay accounts receivable at September 30, 2014 from 52% of self-pay accounts receivable at September 30, 2013. On a monthly basis, the Hospital reviews its accounts receivable balances, the effectiveness of the Hospital's reserve policies, and various analytics to support the basis for its estimates. These efforts primarily consist of reviewing the following:

- Revenue and volume trends by payor, particularly the self-pay components.
- Changes in the aging and payor mix of accounts receivable, including increased focus on accounts due from the uninsured and accounts that represent co-payments and deductibles due from patients.
- Various allowance coverage statistics.

The Hospital regularly performs hindsight procedures to evaluate historical write-off and collection experience throughout the year to help determine the reasonableness of its process for estimating the allowance for doubtful accounts.

### Notes to Consolidated Financial Statements (continued)

### 2. Net Patient Service Revenue and Charity Care (continued)

The Hospital provides services without charge or at amounts less than its established rates, to patients who meet the criteria of its charity care policy. Because the Hospital does not pursue collection of amounts determined to qualify as charity care, such services are not reported as revenue. For patients who were determined by the Hospital to have the ability to pay but did not, the uncollected amounts are recorded as part of the provision for bad debts. In distinguishing charity care from the provision for bad debts, a number of factors are considered, certain of which require a high degree of judgment.

Patient service revenue, net of contractual allowances and discounts and before the provision for bad debts, recognized in the period from major payor sources for the fiscal years ended September 30, 2014 and 2013, is as follows:

		2013
Medicare	34%	33%
Medicaid	12	12
Self-pay	3	5
All other	51	50
	100%	100%

The estimated cost of charity care provided was \$3,073,117 and \$2,919,787 for the fiscal years ended September 30, 2014 and 2013, respectively. The estimated cost of charity care is based on the ratio of cost to charges, as determined by hospital-specific data.

#### 3. Net Assets

Temporarily restricted net assets at September 30 are available for the following purposes:

	 2014	2013		
Free beds Other health care services	\$ \$ 89,203 2,010,049		139,793 1,907,894	
	\$ 2,099,252	\$	2,047,687	

### Notes to Consolidated Financial Statements (continued)

### 3. Net Assets (continued)

Permanently restricted net assets at September 30 are restricted for:

		2014
Investments to be held in perpetuity, the		
income from which is expendable to		
support health care services	\$	642
Endowment requiring income to be added to		
original gift to support health care services		135
Restricted funds held in trust by others, the		
income from which is expendable to		
support health care services		14,799
**	•	15 570

 2014	2013		
\$ 642,970	\$	642,970	
135,840		135,840	
14,799,538		13,953,158	
\$ 15,578,348	\$	14,731,968	

2012

The Hospital's endowment consists of approximately 100 individual funds established for a variety of purposes. Those funds include both donor-restricted endowment funds and funds designated by the Board of Directors to function as endowments. Net assets associated with endowment funds, including funds designated by the Board of Directors to function as endowments, are classified and reported based on the existence or absence of donor-imposed restrictions.

The Board of Directors of the Hospital has interpreted the Uniform Prudent Management Institutional Funds Act (UPMIFA) as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary. As a result of this interpretation, the Hospital classifies as permanently restricted net assets (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by the organization in a manner consistent with the standard of prudence prescribed by UPMIFA. In accordance with UPMIFA, the Hospital considers the following factors in making a determination to appropriate or accumulate donor-restricted funds:

### Notes to Consolidated Financial Statements (continued)

### 3. Net Assets (continued)

- 1) The duration and preservation of the fund
- 2) The purposes of the Hospital and the donor-restricted endowment fund
- 3) General economic conditions
- 4) The possible effect of inflation and deflation
- 5) The expected total return from income and the appreciation of investments
- 6) Other resources of the Hospital
- 7) The investment policies of the Hospital

The Hospital has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowment while seeking to maintain purchasing power of the endowment assets. Endowment assets include those assets of donor-restricted funds that the Hospital must hold in perpetuity or for a donor-specific period(s). Under this policy, as approved by the Board of Directors, the endowment assets are invested in a manner that is intended to produce a real return, net of inflation and investment management costs, of at least 4% over the long term. Actual returns in any given year may vary from this amount.

To satisfy its long-term rate-of-return objectives, the Hospital relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends). The Hospital targets a diversified asset allocation that places a greater emphasis on equity-based alternative investments to achieve its long-term objectives within prudent risk constraints.

The Hospital's spending policy is that investment income and realized gains and losses associated with the endowments are appropriated for spending. This is consistent with the Hospital's objective to maintain the purchasing power of the endowment assets held in perpetuity or for a specified term as well as to provide additional real growth through new gifts and investment returns. The Hospital also evaluated endowment spending based on need and current market conditions as well as long-term investment goals.

### Notes to Consolidated Financial Statements (continued)

### 3. Net Assets (continued)

Endowment net asset composition by type (excluding funds held in trust by others) of fund as of September 30, 2014, consisted of the following:

	Unrestricted			emporarily Restricted	ermanently Restricted	Total
Donor-restricted endowment funds Board-designated endowment funds	\$	14,990,533	\$	816,983 -	\$ 778,810 -	\$ 1,595,793 14,990,533
	\$	14,990,533	\$	816,983	\$ 778,810	\$ 16,586,326

Changes in endowment funds for the fiscal year ended September 30, 2014, consisted of the following:

	Unrestricted		Temporarily Restricted		Permanently Restricted		Total
Endowment net assets, beginning of year	\$	14,298,760	\$	778,103	\$	778,810	\$ 15,855,673
Investment income:  Net appreciation (depreciation)  (realized and unrealized)		691,773		93,356		_	785,129
Total investment return		691,773		93,356		_	785,129
Appropriation of endowment assets for expenditure		_		(54,476)		_	(54,476)
Endowment net assets, end of year	\$	14,990,533	\$	816,983	\$	778,810	\$ 16,586,326

### Notes to Consolidated Financial Statements (continued)

### 3. Net Assets (continued)

Endowment net asset composition by type (excluding funds held in trust by others) of fund as of September 30, 2013, consisted of the following:

	U	nrestricted	emporarily Restricted	ermanently Restricted	Total
Donor-restricted endowment funds Board-designated endowment funds	\$	- 14,298,760	\$ 778,103 -	\$ 778,810 -	\$ 1,556,913 14,298,760
	\$	14,298,760	\$ 778,103	\$ 778,810	\$ 15,855,673

Changes in endowment funds for the fiscal year ended September 30, 2013, consisted of the following:

		Temporarily	Permanently	
	Unrestricted	Restricted	Restricted	Total
Endowment net assets, beginning of year Reclassifications	\$ 13,032,246 (311)	\$ 1,109,093 -	\$ 778,499 311	\$ 14,919,838 
Endowment net assets after reclassification	13,031,935	1,109,093	778,810	14,919,838
Investment return:				
Investment income	359,969	_	_	359,969
Net appreciation/(depreciation)				
(realized and unrealized)	1,126,574	(330,990)	_	795,584
Total investment return	1,486,543	(330,990)	-	1,155,553
Appropriation of endowment assets for				
expenditure	(219,718)	_	_	(219,718)
Endowment net assets, end of year	\$ 14,298,760	\$ 778,103	\$ 778,810	\$ 15,855,673

From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below the level that the donor, as stipulated by UPMIFA, requires the Hospital to retain as a fund of perpetual duration. These deficiencies periodically result

### Notes to Consolidated Financial Statements (continued)

### 3. Net Assets (continued)

from unfavorable market fluctuations that occurred shortly after the investment of new permanently restricted contributions, in which case the Board of Directors may deem imprudent the continuation of appropriation for a limited period. There were no material deficiencies as of September 30, 2014 and 2013.

#### 4. Assets Whose Use is Limited

Included in assets whose use is limited are the following amounts:

	September 30			
		2014		2013
Money market funds	\$	6,307,694	\$	6,312,325
Interest in investments held by Endowment LLC		16,586,326		15,855,673
	\$	22,894,020	\$	22,167,998

During 2013, a significant portion of the Hospital's assets whose use is limited was transferred to Endowment LLC, as discussed in Note 1.

The composition and presentation of income from investments, net, which are included in nonoperating income in the consolidated statements of operations and changes in net assets, are as follows:

	Year Ended September 30				
		2014		2013	
Interest and dividend income	\$	17,066	\$	51,290	
Return on interest in investments held by					
Endowment LLC		3,264,766		2,178,226	
Realized gain on investments, net		589,342		2,707,831	
Changes in unrealized gains and losses					
on investments		_		(1,295,573)	
	\$	3,871,174	\$	3,641,774	

### Notes to Consolidated Financial Statements (continued)

#### **5. Fair Values of Financial Instruments**

As defined in Accounting Standards Codification (ASC) 820, Fair Value Measurements, fair value is based on the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. In order to increase consistency and comparability in fair value measurements, ASC 820 establishes a fair value hierarchy that prioritizes observable and unobservable inputs used to measure fair value into three broad levels, which are described below:

Level 1: Quoted prices (unadjusted) in active markets that are accessible at the measurement date for identical assets or liabilities. The fair value hierarchy gives the highest priority to Level 1 inputs.

Level 2: Observable inputs are based on inputs not quoted in active markets, but corroborated by market data.

Level 3: Unobservable inputs are used when little or no market data is available. The fair value hierarchy gives the lowest priority to Level 3 inputs.

A financial instrument's categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement. In determining fair value, the Hospital uses valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs to the extent possible and considers nonperformance risk in its assessment of fair value.

### Notes to Consolidated Financial Statements (continued)

### **5. Fair Values of Financial Instruments (continued)**

Financial assets and liabilities carried at fair value in the accompanying consolidated balance sheets, excluding assets invested in the Hospital's defined benefit pension plan and Endowment LLC, are classified in the following tables below in one of the three categories described above:

			Septembe	r 30	0, 2014		
		Level 1	Level 2		Level 3		Total
Assets Cash and cash equivalents Assets whose use is limited:	\$	45,862,697	\$ -	\$		_	\$ 45,862,697
Money market funds Funds held in trust by others		6,307,694 -	- 14,799,538			<u>-</u>	6,307,694 14,799,538
	\$	52,170,391	\$ 14,799,538	\$		_	\$ 66,969,929
Liabilities Interest rate swap agreement	<u>\$</u>	_	\$ 4,211,094	\$		_	\$ 4,211,094

		Septembe	er 30	), 2013	
	Level 1	Level 2		Level 3	Total
Assets					
Cash and cash equivalents	\$ 28,465,876	\$ _	\$	_	\$ 28,465,876
Assets whose use is limited:					
Money market funds	6,312,325	_		_	6,312,325
Funds held in trust by others	_	13,953,158		_	13,953,158
Other assets:					
Money market funds	 1,500,643	_		_	1,500,643
	\$ 36,278,844	\$ 13,953,158	\$	_	\$ 50,232,002
Liabilities					
Interest rate swap agreement	\$ _	\$ 4,663,973	\$	_	\$ 4,663,973

### Notes to Consolidated Financial Statements (continued)

#### 5. Fair Values of Financial Instruments (continued)

The Hospital has \$42,123,273 and \$38,819,627 of financial assets as of September 30, 2014 and 2013, respectively, that are held by Endowment LLC (refer to Note 1). Financial assets classified within the trust are 54.3% Level 1, 20.9% Level 2 and 24.8% in alternative investments accounted for under the equity method as of September 30, 2014, and 56.3% Level 1, 22.0% Level 2 and 21.7% in alternative investments accounted for under the equity method as of September 30, 2013.

Financial assets carried at fair value included in the cash balance retirement plan are held in an HHC master trust. The Hospital owns participant units in the trust. Financial assets classified within the trust are 52.3% Level 1, 37.1% Level 2, and 10.6% Level 3 as of September 30, 2014, and 53.3% Level 1, 34.4% Level 2, and 12.3% Level 3 as of September 30, 2013.

Fair value for Level 1 assets is based upon quoted market prices. Fair value for Level 2 assets is based upon model-based valuation techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data for substantially the full term of the assets. Inputs are obtained from various sources, including market participants, dealers, and brokers. The interest rate swap agreement is valued based on a determination of market expectations related to the future cash flows associated with the swap contract using sophisticated modeling based on observable market based inputs, such as interest rate curves.

The methods described above may produce a fair value that may not indicate net realizable value or reflect future fair values. Furthermore, while the Hospital believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different estimate of fair value at the reporting date.

### Notes to Consolidated Financial Statements (continued)

### 6. Property, Plant, and Equipment

Property, plant, and equipment consist of the following at September 30:

	2014	2013
Land and land improvements	\$ 9,533,536	\$ 9,533,536
Buildings and building improvements	114,564,199	114,574,600
Equipment	139,096,171	131,331,273
	263,193,906	255,439,409
Less accumulated depreciation	(147,817,759)	(134,829,314)
-	115,376,147	120,610,095
Construction in process (estimated cost to		
complete - \$2,803,442)	584,432	1,879,662
	\$ 115,960,579	\$ 122,489,757

#### 7. Pensions and Other Postretirement Benefits

During 2013, the Hospital's defined benefit pension plan was frozen. The plan covers substantially all of its employees and executives. The Hospital also has a noncontributory, supplemental defined-benefit retirement plan for certain executive employees (collectively, the Pension Plans). Contributions to the Pension Plans are based on actuarially determined amounts sufficient to meet the benefits to be paid to the plan participants. The assets of the Pension Plans are available to pay the benefits of eligible employees for participating entities based on their allocated share of assets. The service cost component of net periodic pension cost and all other components are actuarially determined as defined by each plan.

The benefits are based on years of service and the employees' compensation during the last five years of employment. The Hospital makes contributions in amounts sufficient to fund the Pension Plans' current service cost, and the funding policy is to contribute amounts to these plans sufficient to meet the minimum funding requirements set forth by federal government regulations.

During 2014, a benefit payment of \$2,575,769 was made from the supplemental defined-benefit retirement plan as a one-time benefit payout to a participant. No remaining liability exists at September 30, 2014.

### Notes to Consolidated Financial Statements (continued)

### 7. Pensions and Other Postretirement Benefits (continued)

The Hospital has a defined contribution plan. Pension expense for the defined contribution plan was \$4,728,398 and \$4,553,951 for the fiscal years ended September 30, 2014 and 2013, respectively.

Included in unrestricted net assets at September 30 are the following amounts that have not yet been recognized in net periodic benefit cost:

Unrecognized actuarial loss Unrecognized prior service credit

	2014		2013
•	57 517 427	¢.	26767516
\$	57,517,427	<b>3</b>	36,767,516
	_		11,918
\$	57,517,427	\$	36,779,434

The actuarial loss in 2014 primarily relates to changes in the discount rate and mortality table used to measure the benefit obligation, and the actuarial gain in 2013 primarily relates to changes in the discount rate used to measure the benefit obligation.

The prior service credit and actuarial loss included in unrestricted net assets and expected to be recognized in net periodic pension cost during the fiscal year ending September 30, 2015, is \$1,810,919.

## Notes to Consolidated Financial Statements (continued)

### 7. Pensions and Other Postretirement Benefits (continued)

The following table sets forth the Pension Plan's funded status and amounts recognized in the Hospital's consolidated balance sheets:

	September 30,			· 30,
		2014		2013
Change in benefit obligation				
Benefit obligation at beginning of year	\$	(165,640,895)	\$	(182,311,921)
Service cost		(430,932)		(1,475,253)
Interest cost		(7,968,313)		(7,335,308)
Benefits paid		8,897,206		6,055,908
Actuarial (loss) gain		(25,054,644)		19,425,679
Benefit obligation at end of year		(190,197,578)		(165,640,895)
Change in plan assets Fair value of plan assets at beginning of year Actual return on plan assets Benefits paid Employer contribution Fair value of plan assets at end of year Underfunded status of the plan	\$ 	144,092,883 12,794,415 (8,897,206) 7,518,769 155,508,861 (34,688,717)	\$	125,526,403 18,035,388 (6,055,908) 6,587,000 144,092,883 (21,548,012)
Components of net periodic benefit cost Service cost	\$	430,932	\$	1,475,253
Interest cost		7,968,313		7,335,308
Expected return on plan assets		(9,833,080)		(9,096,993)
Curtailment		3,973		11,918
Settlement loss		121,779		_
Net amortization and deferral		1,229,565		2,686,824
Net periodic benefit cost	\$	(78,518)	\$	2,412,310

### Notes to Consolidated Financial Statements (continued)

### 7. Pensions and Other Postretirement Benefits (continued)

The accumulated benefit obligation for the pension plans was \$190,197,578 and \$165,601,972 as of September 30, 2014 and 2013, respectively.

The weighted-average assumptions used to develop net periodic benefit cost and the projected benefit obligation were as follows:

	September 30			
	2014	2013		
Discount rate for determining benefit obligation at year-end	4.40%	4.95%		
Rate of compensation increase	N/A	3.50%		
Discount rate for net periodic benefit cost	4.95%	4.05%		
Expected rate of return on plan assets	7.50%	7.50%		

The expected rate of return on assets was determined by the expected return on each asset class based on a model that considers historical and expected future performance.

#### **Plan Assets**

The Hospital's pension plans weighted-average asset allocations at September 30, by asset category, are as follows:

Asset Category	Target	2014	2013
TP 1/2	<b>55</b> 0/	<b>700</b> /	600/
Equity securities	<b>57%</b>	<b>59%</b>	60%
Fixed income/debt securities	25	22	24
Commodities/inflation/real assets	8	6	6
Other	10	13	10
Total	100%	100%	100%

The pension plan asset portfolio has target allocations similar to the allocations noted in the table above. The goals of the plans are to provide a secure retirement benefit for plan participants and to manage pension plan assets for the exclusive benefit of the participants. The Investment Committee of the Board of Directors is responsible for developing, reviewing, and monitoring the investment policy. The plans' assets are invested in accordance with the policy.

### Notes to Consolidated Financial Statements (continued)

### 7. Pensions and Other Postretirement Benefits (continued)

### **Contributions**

The Hospital does not expect to make a contribution to its defined benefit pension plan in fiscal year 2015. The Hospital expects to make a contribution of \$4.9 million in fiscal year 2015 related to its defined contribution plan.

### **Estimated Future Benefit Payments**

Future benefit payments are expected to be paid as follows:

Fiscal Year	Pension Benefits
2015	\$ 6,518,819
2016	7,162,735
2017	7,869,279
2018	8,524,220
2019	9,081,640
Years 2020 – 2024	53,435,333

### 8. Long-Term Debt

Details of long-term debt are as follows:

	September 30					
	2014		2013			
Intercompany debt with HHC:						
Series A, consisting of a tax-exempt serial bond and						
term bonds; interest at rates ranging from 4.4% to 5.0%	\$ 80,949,393	\$	81,871,574			
Series C, taxable variable rate term bond; interest rates of						
0.12% and 0.15% at September 30, 2014 and 2013, respectively	5,032,987		5,032,987			
Premium on bonds	1,537,526		1,571,209			
	87,519,906		88,475,770			
Less current portion	(757,808)		(669,578)			
	\$ 86,762,098	\$	87,806,192			

Notes to Consolidated Financial Statements (continued)

### 8. Long-Term Debt (continued)

On September 29, 2011, HHC issued approximately \$375,815,000 of CHEFA Revenue Bonds Series A, B, and C (the HHC 2011 Bonds). In conjunction with the issuance of the HHC 2011 Bonds, an obligated group was formed. The members of the obligated group are HHC, Hartford Hospital, The Hospital of Central Connecticut at New Britain General and Bradley Memorial, Windham Community Memorial Hospital, and MidState Medical Center (collectively referred to as the Obligated Group). Effective January 2014, The William W. Backus Hospital became part of the Obligated Group. On March 26, 2014, HHC issued approximately \$163,180,000 of Taxable Bonds Series D (the HHC Series D Bonds) and approximately \$83,790,000 of CHEFA Revenue Bonds Series E (the HHC Series E Bonds) concurrently (collectively referred to as the HHC 2014 Bonds). Obligated Group members are jointly and severally liable under a Master Trust Indenture (MTI) to make all payments required with respect to obligations under the MTI. HHC does have the right to name designated affiliates, although presently none exist. Though designated affiliates are not obligated to make debt service payments on the obligations under the MTI, each designated affiliate has an independent designated affiliate agreement and promissory note with HHC with stipulated repayment terms and conditions, each subject to the governing law of the Obligated Groups' state of incorporation. In addition, HHC may cause each designated affiliate to transfer such amounts as necessary to enable the Obligated Group members to comply with the terms of the MTI, including payment of the outstanding obligations.

The HHC 2011 and 2014 Bonds were issued to refund portions of existing debt under HHC and to obtain funds for future capital needs. As such, the HHC 2011 and 2014 Bonds are reflected as intercompany debt in the preceding schedule. The Hospital is party to the HHC Series A and Series C Revenue Bonds. The HHC Series A Revenue Bonds consist of serial bonds that mature annually from July 1, 2014 through July 1, 2023, and the term bonds that mature from July 1, 2024 through July 1, 2041. During 2014, the Hospital made advance payments of \$252,603 to HHC for the bonds maturing in 2015. The HHC Series C Revenue Bonds consist of term bonds that mature from July 1, 2042 through July 1, 2049. The HHC Series C Revenue Bonds are secured by an irrevocable letter of credit issued by JP Morgan Chase Bank that expires on October 1, 2016. The reimbursement terms of the letters of credit for the HHC Series C Revenue Bonds are such that in the event a letter of credit is drawn upon due to a failed remarketing, the components available shall equal the aggregate principal and interest amount of bonds outstanding.

### Notes to Consolidated Financial Statements (continued)

### 8. Long-Term Debt (continued)

The MTI and Supplemental MTI provide for the potential establishment and maintenance of a debt service reserve fund, a pledge of gross receipts, as defined, and parity with the HHC Series A Revenue Bonds that remain outstanding. The MTI and loan agreements establish certain restrictive covenants, including a debt service coverage ratio and days cash on hand requirement. No violations of covenants existed as of or for the fiscal years ended September 30, 2014 or 2013.

The fair value of the HHC 2011 and 2014 Bonds was approximately \$680,006,000 as of September 30, 2014 and the fair value of the HHC 2011 Bonds was approximately \$377,885,000 as of September 30, 2013. The carrying value of the HHC 2011 and 2014 Bonds was \$620,015,000 as of September 30, 2014 and the carrying value of the HHC 2011 Bonds was \$375,815,000 as of September 30, 2013. The fair value of the HHC 2011 and 2014 Bonds was determined by HHC's investment advisor using a market approach that uses prices and other relevant information generated by market transactions involving identical or comparable liabilities and categorized as Level 2 in the fair value hierarchy described in Note 5.

The Hospital entered in to an interest rate swap agreement (LIBOR Swap) in connection with a debt instrument that has subsequently been terminated, effective July 1, 2006, with an original notional amount of \$47,594,000. The Hospital receives a variable rate equal to 67% of one-month LIBOR (0.1565% and 0.17575% as of September 30, 2014 and 2013, respectively) and pays a fixed rate of 3.777%. This agreement terminates July 1, 2026.

The fair value of the swap agreement was \$4,211,094 and \$4,663,973 at September 30, 2014 and 2013, respectively, and is recorded in other liabilities in the accompanying consolidated balance sheets. The notional value of the swap agreement was \$29,480,000 and \$32,115,000 at September 30, 2014 and 2013, respectively. Although the LIBOR Swap represents an economic hedge of the interest rate on debt, it does not qualify for hedge accounting. The change in the fair market value of this agreement is reported in the accompanying consolidated statements of operations and changes in net assets as a component of non-operating income along with the net cash receipts on the swap agreement.

As part of the HHC 2011 Bonds, the Obligated Group entered into a new line of credit for \$20,000,000 from Bank of America. This line expires in March 2015. In 2012, the Obligated Group entered into an additional \$60,000,000 line of credit with another bank. In August 2013, the Obligated Group entered into an amendment increasing this line of credit to \$100,000,000. This line of credit expires in April 2015. As of September 30, 2014 and 2013, the Hospital had not drawn on either line of credit.

### Notes to Consolidated Financial Statements (continued)

#### 8. Long-Term Debt (continued)

Principal payments due on long-term debt are as follows:

Fiscal year ending September 30:	
2015	\$ 757,808
2016	1,191,694
2017	1,283,852
2018	1,423,677
2019	1,506,301
Thereafter	79,819,048
	\$ 85,982,380

Interest paid for the fiscal years ended September 30, 2014, and 2013, was \$3,992,280 and \$3,987,276, respectively.

#### 9. Commitments and Contingencies

Various lawsuits and claims arising in the normal course of operations are pending or are in progress against the Hospital. Such lawsuits and claims are either specifically covered by insurance as explained in Note 1 or are deemed to be immaterial. While the outcomes of the lawsuits cannot be determined at this time, management believes that any loss that may arise from these actions will not have a material adverse effect on the financial position or changes in net assets of the Hospital.

Hospital employees covered by collective bargaining agreements represent approximately 30% and 29% of total employees as of September 30, 2014 and 2013, respectively. These employees are part of the Connecticut Health Care Associates, National Union of Hospital & Healthcare Employees AFSCME AFL-CIO, whose contract expired in September 2014 and negotiations are currently proceeding.

The Hospital has several operating lease agreements for certain real estate, medical equipment, and computer equipment. Certain of these leases have renewal options for periods up to five years and escalation clauses. Rent is payable in equal monthly installments. Rent expense was \$3,739,794 and \$3,903,677 for the years ended September 30, 2014 and 2013, respectively.

### Notes to Consolidated Financial Statements (continued)

### 9. Commitments and Contingencies (continued)

The future minimum lease payments are as follows:

2015	\$ 2,238,691
2016	2,105,956
2017	1,986,374
2018	1,847,882
2019	1,866,427
Thereafter	9,058,023
	\$ 19,103,353

### 10. Related-Party Transactions

The Hospital obtains services from various HHC affiliates representing an allocation of shared expenditures that were provided at cost. Services provided by affiliates for the fiscal years ended September 30, 2014 and 2013, were \$60,924,002 and \$47,699,466, respectively. The Hospital also provides services to certain of its affiliates and is reimbursed for the cost of these services. Fees charged to affiliates for the fiscal years ended September 30, 2014 and 2013, which are included in other operating revenue in the consolidated statements of operations and changes in net assets, were approximately \$813,861 and \$637,951, respectively. Other intercompany activity with subsidiaries of the Hospital includes recurring transactions associated with operations and cash management, which have been eliminated in consolidation.

Amounts due from affiliates related to these services as of September 30 are as follows:

	 2014	2013
Due from HHC	\$ 298,620	\$ 2,287,478
Due from PracticeCentral	_	328,905
Due from Hartford Healthcare at Home, Inc.	53,794	_
Due from Rushford Center	15,618	_
Due from Hartford HealthCare Medical Group	13,189	46,767
Due from Southington Care Center	6,188	_
	\$ 387,409	\$ 2,663,150

## Notes to Consolidated Financial Statements (continued)

### 10. Related-Party Transactions (continued)

Amounts due to affiliates related to these services as of September 30 are as follows:

	2014	2013
Due to HHC	\$ 1,937,829	<b>-</b>
Due to Hartford Hospital	459,251	1,386,207
Due to Hospital of Central Connecticut	688,475	_
Due to Clinical Laboratory Partners	282,512	_
Due to Hartford Healthcare Rehabilitation Network	211,106	59,191
Due to Windham Hospital	3,102	_
Due to Natchaug	707	
	\$ 3,582,982	1,445,398

### 11. Other Operating Revenues

Other operating revenues consist of the following:

	,	Year Ended September 30					
		2013					
Income from subsidiary	\$	7,567,136	\$ 7,873,613				
Healthcare services to other institutions		3,369,443	5,355,419				
Rental income		2,449,272	2,356,670				
EHR revenue		394,983	2,003,248				
Other income		2,061,095	1,305,598				
	\$	15,841,929	\$ 18,894,548				

### Notes to Consolidated Financial Statements (continued)

### 12. Functional Expenses

The Hospital provides health care services to residents within its geographic location. Net expenses related to providing these services are as follows:

	Year Ended September 30					
	 2014 2013					
Health care services Support services	\$ 196,469,664 20,145,181	\$	197,500,462 25,412,023			
	\$ 216,614,845	\$	222,912,485			

### 13. Supplemental Cash Flow Information

The changes in assets and liabilities are as follows:

	Year Ended September 30				
		2014	2013		
Increase in accounts receivable	\$	(2,342,292) \$	(4,884,888)		
Decrease in other receivables		1,976,696	129,739		
Decrease in due to (from) affiliates, net		4,413,325	5,101,722		
Decrease (increase) in inventories of supplies and prepaid					
expenses and other assets		1,936,117	(2,421,947)		
(Increase) decrease in other assets		(1,152,241)	7,064,851		
(Increase) decrease in accounts payable		(3,747,110)	1,035,724		
Increase (decrease) in estimated third-party payor					
settlements, net		5,587,838	(5,080,152)		
Decrease in salaries, wages, payroll taxes, and					
amounts withheld from employees		(2,065,765)	(991,472)		
Decrease in other accrued expenses		(5,054)	(6,027,478)		
(Decrease) increase in other current liabilities		(1,866,397)	4,338,370		
Decrease in other long-term liabilities		(223,892)	(2,351,303)		
Decrease in accrued pension liabilities		(7,844,647)	(2,874,124)		
	\$	(5,333,422) \$	(6,960,958)		

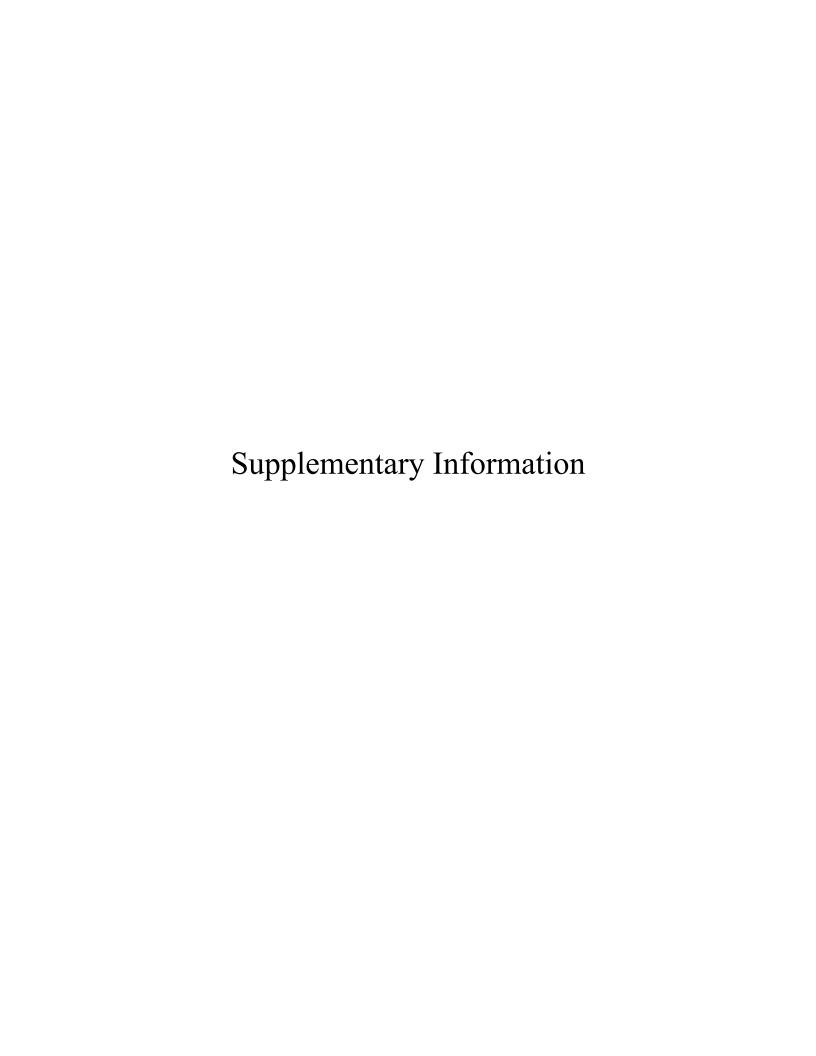
### Notes to Consolidated Financial Statements (continued)

### 14. Subsequent Events

The Hospital evaluated subsequent events through January 28, 2015, which is the date the consolidated financial statements were issued, for potential recognition in the consolidated financial statements as of the balance sheet date for the fiscal year ended September 30, 2014.

During October 2014, the Hospital became a corporate guarantor of a five year, \$2,800,000 term loan entered into by an affiliate in which the Hospital has a minority ownership interest. This subsequent event did not require an adjustment to the consolidated financials as of September 30, 2014.

No other events occurred that require disclosure or adjustment to the consolidated financial statements.



## Consolidating Balance Sheet

## September 30, 2014

		MidState Medical		Meriden Imaging		Eliminating Total Entries		Consolidated		
A4-	_	Center	C	enter, Inc.		Total		Entries	C	onsolidated
Assets Current assets:										
Cash and cash equivalents	\$	45,140,915	<b>c</b>	721,782	¢	45,862,697	\$		\$	45,862,697
Accounts receivable, less allowances	Ф	23,724,146	Ф	721,762	Ф	23,724,146	Ф	_	Ф	23,724,146
Other receivables		4,746,679		733,118		5,479,797		_		5,479,797
Due from affiliates		387,409		733,116		387,409		_		387,409
Inventories of supplies		3,431,508		_		3,431,508		_		3,431,508
Prepaid expenses and other assets		2,245,299		52,060		2,297,359		_		2,297,359
Total current assets	_	79,675,956		1,506,960		81,182,916				81,182,916
A costs whose yes is limited.										
Assets whose use is limited:										
Board-designated interest in investments held by		14 000 522				14 000 522				14 000 522
Endowment LLC  Donor-restricted interest in investments held by		14,990,533		_		14,990,533		_		14,990,533
Endowment LLC		1,595,793		_		1 505 702				1,595,793
		6,307,694		_		1,595,793		_		6,307,694
Funds designated for debt service	_	22,894,020				6,307,694 22,894,020				22,894,020
		22,094,020		_		22,094,020		_		22,094,020
Funds held in trust by others		14,799,538		_		14,799,538		_		14,799,538
Unrestricted interest in investments held by Endowment LLC		25,536,947		-		25,536,947		_		25,536,947
Other assets		18,505,102		400,145		18,905,247		(1,834,257)		17,070,990
Property, plant, and equipment, net		115,652,971		307,608		115,960,579		_		115,960,579
Total assets	\$	277,064,534	\$	2,214,713	\$	279,279,247	\$	(1,834,257)	\$	277,444,990
Liabilities and net assets										
Current liabilities:										
Accounts payable	\$	2,599,431	\$	185,057	\$	2,784,488	\$	_	\$	2,784,488
Salaries, wages, payroll taxes, and amounts withheld										
from employees		7,004,880		_		7,004,880		_		7,004,880
Accrued expenses		89,881		272,776		362,657		_		362,657
Estimated third-party payor settlements		4,070,103		-		4,070,103		_		4,070,103
Due to affiliates		3,582,982		-		3,582,982		_		3,582,982
Current portion of accrued pension liabilities		3,686,074		-		3,686,074		_		3,686,074
Current portion of long-term debt		757,808		_		757,808		_		757,808
Current portion of other liabilities		4,708,523		_		4,708,523		_		4,708,523
Total current liabilities		26,499,682		457,833		26,957,515		-		26,957,515
Long-term debt		86,762,098		_		86,762,098		_		86,762,098
Accrued pension liability		34,688,717		_		34,688,717		_		34,688,717
Other liabilities		21,672,445		-		21,672,445		351,376		22,023,821
Total liabilities		169,622,942		457,833		170,080,775		351,376		170,432,151
Net assets:										
Unrestricted		89,763,992		1,756,880		91,520,872		(2,185,633)		89,335,239
Temporarily restricted		2,099,252		_		2,099,252		_		2,099,252
Permanently restricted		15,578,348		_		15,578,348		_		15,578,348
Total net assets	_	107,441,592		1,756,880		109,198,472		(2,185,633)		107,012,839
Total liabilities and net assets	\$	277,064,534	\$	2,214,713	\$	279,279,247	\$	(1,834,257)	\$	277,444,990

## Consolidating Statement of Operations

## Year Ended September 30, 2014

	MidState Medical	Meriden Imaging		Eliminating	
	Center	Center, Inc.	Total	Entries	Consolidated
Unrestricted revenues, gains, and other support:					
Net patient service revenue	\$ 225,517,469	\$ -	\$ 225,517,469	\$ -	\$ 225,517,469
Provision for bad debts	6,385,283	_	6,385,283	_	6,385,283
Net patient service revenue less provision for bad debts	219,132,186	_	219,132,186	_	219,132,186
Other operating revenue	8,274,793	7,503,372	15,778,165	63,764	15,841,929
Net assets released from restrictions for operations	322,248	_	322,248	_	322,248
	227,729,227	7,503,372	235,232,599	63,764	235,296,363
Operating expenses:					
Salaries and wages	69,745,355	_	69,745,355	_	69,745,355
Employee benefits	19,652,817	_	19,652,817	_	19,652,817
Supplies and other	41,728,018	1,219,848	42,947,866	_	42,947,866
Purchased services	60,767,185	6,432,757	67,199,942	_	67,199,942
Depreciation and amortization	12,906,996	169,589	13,076,585	_	13,076,585
Interest	3,992,280	_	3,992,280	_	3,992,280
	208,792,651	7,822,194	216,614,845	_	216,614,845
Income (loss) from operations	18,936,576	(318,822)	18,617,754	63,764	18,681,518
Nonoperating income (loss):					
Income from investments, net	3,871,174	_	3,871,174	_	3,871,174
Loss on interest rate swap	(723,879)	_	(723,879)	_	(723,879)
	3,147,295	-	3,147,295	-	3,147,295
Excess (deficiency) of revenues over expenses	\$ 22,083,871	\$ (318,822)	\$ 21,765,049	\$ 63,764	\$ 21,828,813

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